

STATE OF CALIFORNIA  
Budget Change Proposal - Cover Sheet  
DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 4265	Department California Department of Public Health	Priority No.
Budget Request Name 4265-029-BCP-DP-2016-GB		Program 4045041 – Center for Health Statistics and Informatics	Subprogram
Budget Request Description End of Life Option Act (AB X2-15)			

Budget Request Summary

The California Department of Public Health (CDPH), Center for Health Statistics and Informatics (CHSI) requests expenditure authority of \$323,000 from the Health Statistics Special Fund (Fund 0099) for fiscal year 2016-17, \$245,000 for fiscal year 2017-18 and annually thereafter, and 2.0 permanent positions to meet the new mandate to establish the End of Life Option Act program as specified in Chapter 1, Statutes of 2015, Second Extraordinary Session (AB X2-15). This funding will enable CDPH to create a secure database to implement and administer the program and provide staffing for the required confidential program management and reporting duties.

Requires Legislation <input type="radio"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO <i>G. Rodene</i>	Date 1/6/16
For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance. <input type="checkbox"/> FSR <input type="checkbox"/> SPR Project No. S1BA Date: January 2016		

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No  
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By <i>Jim Freese</i>	Date 01/06/2016	Reviewed By <i>De L</i>	Date 1/6/16
Department Director <i>[Signature]</i>	Date 1/6/16	Agency Secretary <i>[Signature]</i>	Date 1/7/16

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

BCP Type: ☐ Policy ☒ Workload Budget per Government Code 13308.05

PPBA <i>Barbara J. Ing</i>	Date submitted to the Legislature 1/8/2016
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**A. Budget Request Summary**

The California Department of Public Health (CDPH), Center for Health Statistics and Informatics (CHSI) requests expenditure authority of \$323,000 from the Health Statistics Special Fund (Fund 0099) for 2016-17, \$245,000 for 2017-18 and annually thereafter, and 2.0 permanent positions to meet the new mandate to establish the End of Life Option Act program as specified in Assembly Bill X2-15. This funding will enable CDPH to create a secure database to implement and administer the program and provide staffing for the required confidential program management and reporting duties.

**B. Background/History**

The State Registrar operates within CHSI under the authority of the Health and Safety Code. The State Registrar is responsible for registering each live birth, fetal death, death, and marriage that occurs in California. CHSI prepares and publishes de-identified public health data collected from registered certificates to its website and reports this data to various state and federal agencies.

The End of Life Option Act establishes a new program within CDPH, and allows terminally ill adults seeking to end their life to request aid-in-dying drug from their attending physician. Consistent with other states operating similar programs, CDPH proposes locating this new program within CHSI. CHSI will be responsible for receiving forms specified in statute, tabulating reported data, and preparing an annual statistical report. CHSI staff are well-versed in the protection of highly confidential data, and have management staff with the necessary expertise to oversee the data collection and reporting required by this legislation.

**Resource History**  
(Dollars in thousands)

Program Budget	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Authorized Expenditures	\$22,082	\$23,099	\$21,725	\$23,423	\$24,012	\$24,005
Actual Expenditures	\$21,881	\$22,803	\$21,212	\$23,110	\$23,265	\$24,005
Revenues	\$18,797	\$19,336	\$20,974	\$22,361	\$24,770	24,936
Authorized Positions	219	227	187	181	183	181
Filled Positions	206	205	180	173	174	175
Vacancies	13	22	7	.8	9	6

**C. State Level Considerations**

This proposal directly correlates with the 2014-2017 CDPH Strategic Map Goal C4, which is to "Promote Compliance with Health and Safety Laws." The proposal for the addition of an Associate Governmental Program Analyst (AGPA) position and a Research Scientist (RS) II position will enable CDPH to comply with AB X2-15.

**D. Justification**

CHSI will need a permanent AGPA position and a permanent RS II position to perform confidential program and reporting duties, including:

- Collect forms and data, enter reports received, and track program utilization and associated deaths;
- Follow-up with providers regarding incomplete or missing forms.
- Perform data analysis, cross-check decedent deaths with the list of prescribed participants, and draft various statistical reports;
- Prepare the annual report mandated by the bill;
- Maintain program information on the public website and respond to inquiries regarding program policy; and



- Update the website as needed, and make reporting forms available for download from the site.

CHSI also requests funding to develop a secure database for this new program. Although the number of aid-in-dying cases is projected to be small, special protections for the data will be required because of the sensitivity of this information. CHSI will need to develop a Structured Query Language database to securely store confidential patient information; one-time development costs are estimated to be approximately \$88,000, and ongoing yearly maintenance costs are expected to be \$10,000.

#### E. Outcomes and Accountability

To comply with the new mandate of AB X2-15 to create an End of Life Option Act program, the additional expenditure authority and requested positions are needed because this work is not currently performed in CHSI. The new mandate requires additional ongoing staff time to implement and administer the new program. Workload justifications for each new staff position proposed are provided in Attachment A. See Attachment B for the current and proposed organizational charts.

##### Projected Outcomes<sup>1</sup>

Workload Measure	2016-17	2017-18	2018-19	2019-20	2020-21
Number of required reporting forms provided to physicians and members of the public.	1,500	2,200	2,400	2,600	3,000
Number of phone calls, emails and letters responding to questions and inquiries from the general public, providers and the media.	20,000	14,000	12,000	12,000	12,000
Number of required reporting forms received and evaluated for complete and accurate information.	2,400	2,400	2,400	2,400	2,400
Number of incomplete reports requiring follow up with providers.	1,800	1,800	1,400	1,400	1,400
Number of required reports entered into a database, this figure includes data validation by double data entry.	4,800	4,800	4,800	4,800	4,800
Number of issue memos, bill analyses, and legislative concepts created by staff.	60	50	50	50	50
Number of annual and ad-hoc reports created by staff.	10	10	10	10	10

1. The workload measure is pro-rated for the size of California's population based on observation in Washington and Oregon states statistics.

#### F. Analysis of All Feasible Alternatives

**Alternative 1:** Increase expenditure authority in the amount of \$323,000 in fiscal year 2016-17 and \$245,000 in fiscal year 2017-18, and annually thereafter, from the Health Statistics Special Fund, and establish 1.0 permanent, full-time AGPA position and 1.0 permanent, full-time RS II position to create the new End of Life Option Act program and meet the new workload required to perform confidential program data collection and reporting duties.

**Pros:**

- Supports the mandate to provide information and reporting forms and perform statistical analysis on program outcomes.
- Provides resources needed to create and maintain the secure database.
- Enables CDPH to create policies and procedures necessary for program administration.
- Does not impact the General Fund.

**Cons:**

- Requires a permanent increase in expenditures from the Health Statistics Special Fund to support the permanency of the 2.0 positions.

**Alternative 2:** Increase expenditure authority in the amount of \$323,000 in fiscal year 2016-17 and \$245,000 in fiscal year 2017-18 and annually thereafter from the Health Statistics Special Fund (Fund 0099), and redirect 2.0 existing department vacancies instead of adding new positions.

**Pros:**

- Reduces vacancies in CDPH.
- Supports the mandate to establish the program and make necessary forms publicly available.
- Provides resources needed to create and maintain the secure database.
- Enables CDPH to create policies and procedures necessary for program administration.

**Cons:**

- Appropriate vacancies may not exist to redirect to CHSI.
- Will require redirection of existing staff to support the program. This would hinder the ability of CHSI to provide data to other contracted state and federal departments and carry out regular mandated work.

**Alternative 3:** Increase expenditure authority in the amount of \$323,000 in fiscal year 2016-17 and \$245,000 in fiscal year 2017-18 for a two-year term from the Health Statistics Special Fund (Fund 0099), and redirect 2.0 existing department vacancies instead of adding positions.

**Pros:**

- Supports the mandate to establish the program for 2 years.
- Provides limited resources needed to create the secure database.

**Cons:**

- Without ongoing funding and position authority, it would be difficult to maintain the mandated program and required reporting.
- Appropriate vacancies may not exist to redirect to CHSI.
- Positions would be difficult to fill with limited-term funding.
- Will require redirection of existing staff to support the program. This would hinder the ability of CHSI to provide data to other contracted state and federal departments and carry out regular mandated work.

**Alternative 4:** Do not approve the increase in position and budget authority.

**Pros:**

- Does not add additional positions to the program or expand the spending authority.
- Does not impact the Health Statistics Special Fund.

**Cons:**

- Redirecting existing staff would slow the production of a secure database to protect patient's confidentiality as well as data analysis and providing accurate reports mandated by the bill. This would hinder the ability of CHSI to provide data to other contracted state and federal departments.

**G. Implementation Plan**

1. Advertise for 1.0 AGPA position and 1.0 RS II position (July 1, 2016).
2. Recruit and hire 1.0 AGPA position and 1.0 RS II position (end of July 2016).
3. Train 1.0 AGPA position and 1.0 RS II position (August 2016).
4. Assign responsibilities to provide a secure database, data analysis, and annual reports.

**H. Supplemental Information**

☒ None    ☐ Facility/Capital Costs    ☐ Equipment    ☐ Contracts    Other

**I. Recommendation**

**Approve Alternative 1:** Increase expenditure authority in the amount of \$323,000 in fiscal year 2016-17, \$245,000 in fiscal year 2017-18, and annually thereafter, from the Health Statistics Special Fund, and establish 1.0 permanent, full-time AGPA position and 1.0 permanent, full-time RS II position to create the new End of Life Option Act program. This will enable Public Health to meet the new workload necessary to perform confidential program data collection and reporting duties required to implement AB X2-15.



**Center for Health Statistics and Informatics  
End of Life Option Act**

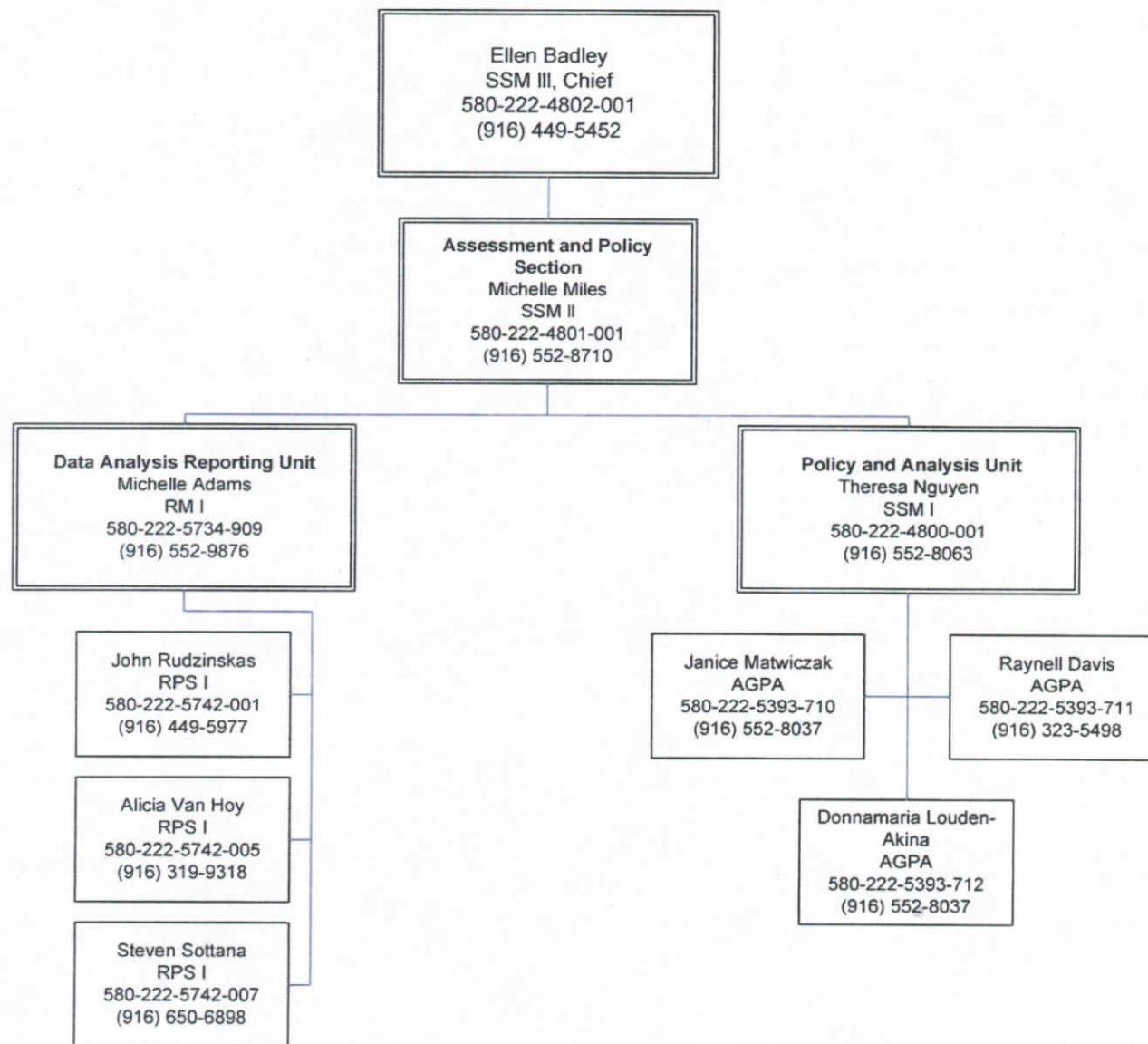
**Research Scientist II  
1 Position**

<b>Activity</b>	<b>Number of Items</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Implement and administer the End of Life Option Program. Act as a liaison to CDPH programs and other external stakeholders to ensure program operations are developed and completed within budget, on schedule, fully functional, reflective of state, federal and stakeholder needs, and complementary to existing systems.	4	250	1000
Maintain an up-to-date understanding of the regulatory and programmatic practice of assisted suicide programs at the state level. Assist with the development of regulatory documentation. Develop compliance forms to ensure information required by state statute is collected and stored. Assures compliance with state and federal policies and data reporting and security and confidentiality requirements.	20	5	100
Plan, develop, and refine quality and performance measures and surveillance collection instruments and systems related to the End of Life Option Program. Develop data governance policies following state and federal policies. Develop and maintain data collection policies and procedures to monitor program process and outcomes. Analyze data and develop ad hoc and mandated reports on program outcomes and surveillance related activities. Respond to requests for data from external organizations.	50	10	500
Facilitate and participate in program meetings. Prepare project correspondence, grant applications, narratives and program reports, and other documents upon request. Maintain the End of Life Option Program website and ensures all information and program forms are accessible and up to date. Attend professional meetings and present project findings at meetings and conferences.	40	5	200
<b>Total hours for workload projected for this classification</b>			<b>1,800</b>
<b>1,800 hours = 1 Position</b>			
<b>Actual number of Positions requested</b>			<b>1.0 PY</b>

**Center for Health Statistics and Informatics  
End of Life Option Act**

**Associate Government Program Analyst  
1 Position**

<b>Activity</b>	<b>Number of Items</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Participate in the development and implementation of the End of Life Option Program compliance forms, collect compliance forms from providers and track program utilization.	450	1.5	675
Follow up with providers on incomplete provider files to ensure all required documentation to verify compliance is maintained in the provider's file.	275	1.5	390
Participate in program effectiveness/efficiency and provide recommendations for changes in guidelines, policies, procedures, and checklists to ensure continuous program quality improvement. Participate in the development of procedures, compliance guidelines, training materials, management memos, and fact sheets to reflect programmatic or policy changes. Respond to program questions, and ensure accurate guidance is being given to new and future providers.	150	1.0	150
Provide technical assistance to providers on issues, including: patient eligibility, such as access to medication; grace period; Medicare Part D; third party payer; electronic submission of compliance forms/documents; coordination/collaboration in the evaluation of compliance with policies/procedures/guidelines; provider and patient calls; and payment issues, including insurance providers.	35	5	175
Prepare reports (issue papers, decision memos, bill analyses, legislative concepts) and make recommendations to management. Provide information and assists in the development of BCPs. Prepare written correspondence to providers, patients, management, evaluators, the public, non-profit associations, insurance companies, and local/state/federal government agencies regarding End of Life Option Program.	20	10	200
Research, compile, and analyze studies, initiatives, and topics of public interest, controversy, or concern related to general inquires or requests and recommend conclusions to assist in long-range planning and policy setting.	6	21	126
Solicit information from other state/county agencies, community organizations and associations related to End of Life Option Program.	7	12	84
<b>Total hours for workload projected for this classification</b>			<b>1,800</b>
<b>1,800 hours = 1 Position</b>			
<b>Actual number of Positions requested</b>			<b>1.0 PY</b>



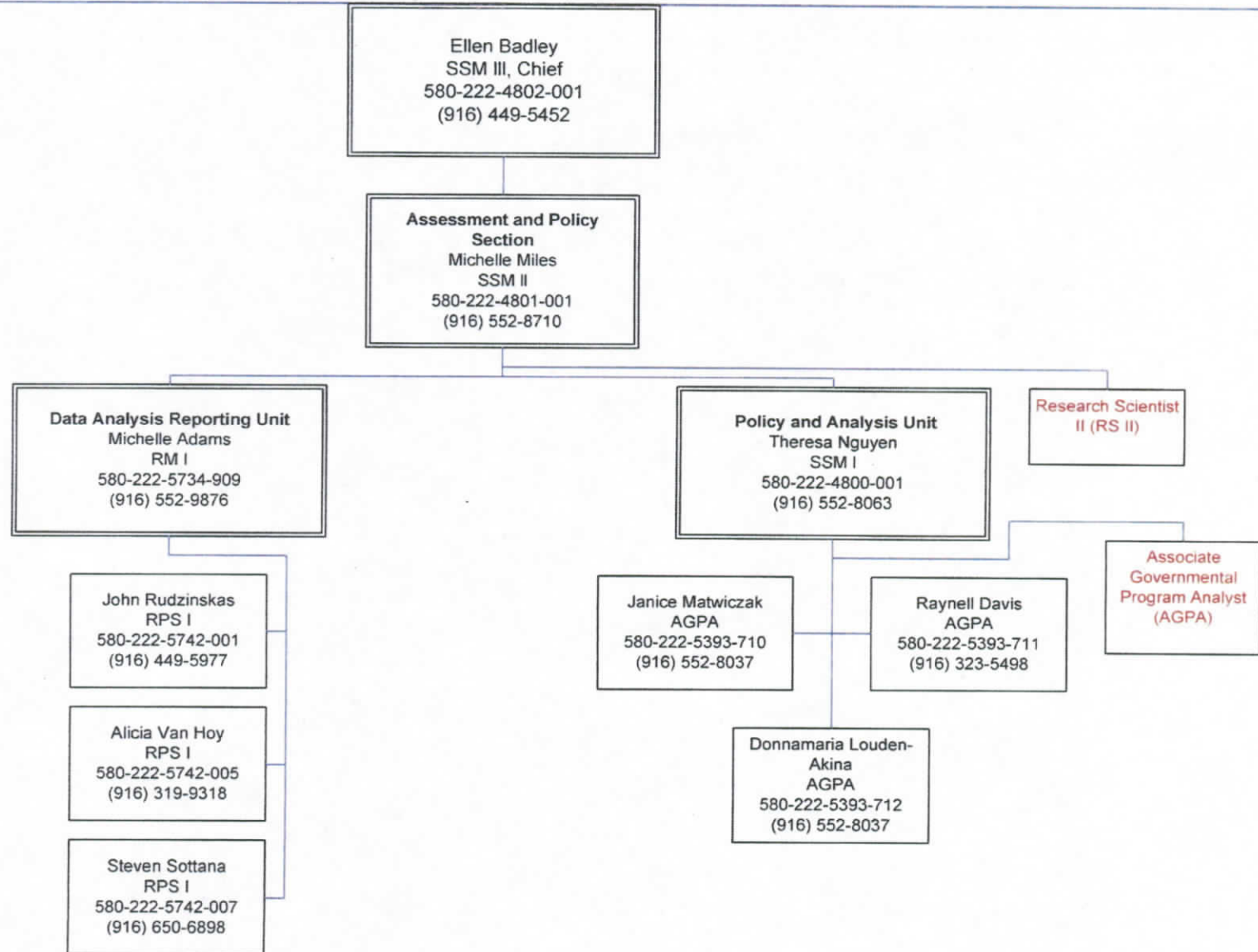


California Department of Public Health  
Center for Health Statistics and Informatics  
Public Health Policy and Research Branch

Attachment B - Proposed



Proposed Organizational Chart for AB X2-15 (positions shown in red)



# BCP Fiscal Detail Sheet

BCP Title: End of Life Option Act (ABX2-15)

DP Name: 4265-029-BCP-DP-2016-GB

## Budget Request Summary

Positions - Permanent

**Total Positions**

Salaries and Wages

Earnings - Permanent

**Total Salaries and Wages**

Total Staff Benefits

**Total Personal Services**

Operating Expenses and Equipment

5301 - General Expense

5302 - Printing

5304 - Communications

5322 - Training

5324 - Facilities Operation

5344 - Consolidated Data Centers

5346 - Information Technology

**Total Operating Expenses and Equipment**

**Total Budget Request**

## Fund Summary

Fund Source - State Operations

0099 - Health Statistics Special Fund

**Total State Operations Expenditures**

**Total All Funds**

## Program Summary

Program Funding

4045041 - Health Statistics and Informatics

**Total All Programs**

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	2.0	2.0	2.0	2.0	2.0
<b>Total Positions</b>	<b>0.0</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>
Salaries and Wages	0	135	135	135	135	135
Earnings - Permanent	0	135	135	135	135	135
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$135</b>	<b>\$135</b>	<b>\$135</b>	<b>\$135</b>	<b>\$135</b>
Total Staff Benefits	0	66	66	66	66	66
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$201</b>	<b>\$201</b>	<b>\$201</b>	<b>\$201</b>	<b>\$201</b>
Operating Expenses and Equipment	0	6	6	6	6	6
5301 - General Expense	0	6	6	6	6	6
5302 - Printing	0	2	2	2	2	2
5304 - Communications	0	3	3	3	3	3
5322 - Training	0	1	1	1	1	1
5324 - Facilities Operation	0	21	21	21	21	21
5344 - Consolidated Data Centers	0	1	1	1	1	1
5346 - Information Technology	0	88	10	10	10	10
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$122</b>	<b>\$44</b>	<b>\$44</b>	<b>\$44</b>	<b>\$44</b>
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$323</b>	<b>\$245</b>	<b>\$245</b>	<b>\$245</b>	<b>\$245</b>
Fund Summary						
Fund Source - State Operations	0	323	245	245	245	245
0099 - Health Statistics Special Fund	0	323	245	245	245	245
<b>Total State Operations Expenditures</b>	<b>\$0</b>	<b>\$323</b>	<b>\$245</b>	<b>\$245</b>	<b>\$245</b>	<b>\$245</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$323</b>	<b>\$245</b>	<b>\$245</b>	<b>\$245</b>	<b>\$245</b>
Program Summary						
Program Funding	0	323	245	245	245	245
4045041 - Health Statistics and Informatics	0	323	245	245	245	245
<b>Total All Programs</b>	<b>\$0</b>	<b>\$323</b>	<b>\$245</b>	<b>\$245</b>	<b>\$245</b>	<b>\$245</b>

Personal Services Details

Salary Information									
Positions	Min	Mid	Max	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
-				0.0	2.0	2.0	2.0	2.0	2.0
Total Positions				0.0	2.0	2.0	2.0	2.0	2.0
Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4			
-	0	135	135	135	135	135			
Total Salaries and Wages	\$0	\$135	\$135	\$135	\$135	\$135			
Staff Benefits									
5150900 - Staff Benefits - Other	0	66	66	66	66	66			
Total Staff Benefits	\$0	\$66	\$66	\$66	\$66	\$66			
Total Personal Services	\$0	\$201	\$201	\$201	\$201	\$201			